Giπ to Agency Report	A Public L	ocument	COENTED	GIFT TO AGENCY REPORT
1. Agency Name			Pate Stamp	California 801
Centre City Development	Corporation		VERMINO OLITON	HOIM BEAN OF A
Division, Department, or Region (	if applicable)	08	AUG 18 AH 9:05	For Official Use Only
401 B Street, Suite 400		C A	MIDIECO CALIE	
Street Address		- Gr	N DIEGO, CALIF.	İ
San Diego, CA 92101				No.
Area Code/Phone Number E-m	~		Amendment (explain	.; in comment section)
619–533–7130 a	lessi@ccdc.com		<u> </u>	.,
Agency Contact (name and title)			Date of Original Filing:(month, day, year)	
Frank J. Alessi, VP & CF	O			(,, , , , , , , , , , , , , , ,
2. Donor Name and Address		<u>Anny and the second of the contract of the co</u>		TO THE PERSON NATIONAL PROPERTY OF THE PERSON NATIONAL PROPERY OF THE PERSON NATIONAL PROPERTY OF THE PERSON NATIONAL PROPERTY
Elindividual Maas.	Fred	. 🔲 Other		•
Individual Maas,  Last Name	First Name	. LI Otilei	, , , , , , , , , , , , , , , , , , ,	lame
	San Diego		CA	92127
Address	City		State	Zip Code
If "Other" is marked, describe the entity's busin	ess activity (if business) or its nature and ir	nterests.		
If applicable, identify the name of ea	ch source and the amount(s) solic	cited or receive	ed by the donor for this g	ft:
•			,	
N/A	\$			<u>      \$                              </u>
Name	Amount	District Name (1986)	Name	Amount
3. Payment Information				•
Date and Amount of Payment	other than travel)07-22-08	\$	(Round to whole dollars)	
	(month, day, year)		(Round to whole dollars)	
Travel Payment Information (Ro	und to whole dollars) Location of	Travel	N/A	
•				
Date(s) of Travel 5	ation Expenses Lodging Expenses	\$	\$	es Total Expenses
Provide a specific description				
•				icy pusitiess.
Desk, Chair, Credenza	, and Bookcase for off	fice use.	Lamp also.	**************************************
				- October -
1.14:641	Al	_		
Identify the officials for who	m the payment was used	:		•
General Office Purpose	- Empty Office			
Last Name	First Name		Tite	Department/Division
				<b>-</b>
Last Name	First Name		Title	Department/Division
. Verification				
I have determined that it is in the inte	erests of the agency to accept this	s gift and use it	for the official agency bu	ısiness described above.
<b>a</b>			, ,	
1 010	_	17m	9 000	
frut fillen	Frank J. Alessi	VP	& CFO	August 15, 20
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attack	hment for any additional information	)		•
and the space of all dilute	any water or an arrow world			
g				